Labor Organization Officer and Employee Report

U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved - OMB No. 1215-0188 Expires 11-30-2002

Name and address of person filing		Name and address of labor organization					
Michael S. Bearse 226 South Main Street Providence, RI 02903		Laborers' International Union of North Americans 16th Street, NW Washington, DC 20006					
				8. Position in labor organization General Counsel	 Date fiscal year er December 	nded 31. 2003	5. File number (if assigned)
Enter appropriate data below if, during the past flac							
erests (except as specified in the exclusions set fo			serry of monetay had any of the following in-				
Held an interest in, engaged in transactions (inc employer whose employees your organization							
3. Name of Employer		Address of Employer					
7. Nature of Interest, Transaction or Income							
Held an interest in or derived income or economic from, selling or leasing to, or otherwise dealing wit seeking to represent, or (2) any part of which consi organization or with a trust in which your labor organization.	th the business of an ists of buying from or	employer whose employees selling or leasing directly or	your labor organization represents or is actively				
3. Name of business		Address of business					
Michael S. Bearse, PC		226 South Main S	treet, Providence, RI .02903				
Business deals with—							
. Dusiness deals with—		TO. If 9B of 9C is checked g	ive trust or employer's name				
☑ A. Labor Organization □ B. Trust	C. Employer						
11. Nature and approximate dollar value of such dealing Use of office space and use of 226 South Main Street, Provide	f shared fax	and copy maching and copy maching and copy machine	e at Regional Office, nnual value of \$3,100.00				
Nature of interest held or income received							
Principal Shareholder, Michae	1 S. Bearse,	PC					
C. Received from any employer (other than an employer any payment of money or other thing of value	ployer covered unde	r parts A and B above) or fro	om any labor relations consultant to an employer				
Name and address of employer or c	consultant	14. Nature of payment					
			10000				
			(St. 25 gr. B)				
			(all all all all all all all all all all				
15,110,05,00			COA /				
IF MORE SP	PACE IS NEEDED A	TTACH ADDITIONAL SHE	EETS				
 Signature and verification—The undersigned det the attachments incorporated therein or referred to correct and complete. 	clares, under the app to in this report, has	plicable penalties of the law, been examined by him and	that all of the information in this report, including is, to the best of his knowledge and belief, true,				
igned: Wiel all Serve	a Providenc	ce Rh	node Island 1/22/04				

City

State

Date Form LM-30 (Rev. 1986)